

# **2009 Survey of Providers**

**Office of the Health Insurance Commissioner**

**August 2009**



Protecting Consumers • Ensuring Solvency • Engaging Providers • Improving the System

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## Summary of Results from 2009 Provider Survey<sup>1</sup>

To inform a commercial rate factor filing, a survey of physicians in Rhode Island was conducted by the Office of the Health Insurance Commissioner (OHIC) for feedback regarding health insurer behavior towards providers. As such, each provider was asked to rate United Health Care (United), Blue Cross Blue Shield of Rhode Island (BCBSRI), and Tufts Health Plan (Tufts) individually on the following topics:

- A. "fair treatment of providers"
- B. payment strategies that promote affordability and quality of health care, and
- C. collaboration with others to improve Rhode Island's health care system.<sup>2</sup>

In addition to carrier-specific ratings, free-response comments were collected from respondents on each topic and integrated into reported results by topic.

The survey was sent via email to all licensed physicians in Rhode Island with active e-mail contacts available through the Rhode Island Department of Health (N = 3822). DatStat Illume 4.7 was used to distribute the survey and collect results. A copy of the survey is attached (Appendix I). The survey was administered from April 6 – April 27, 2009. A provider was eligible to participate if he or she had worked as a physician in Rhode Island at any time in the twelve months preceding the survey. 23.9% of recipients responded (N=913) and 81.7% of respondents (N = 746) were eligible and completed the survey, for an overall response rate of 19.5%.

Practice demographics were collected. 64.6% (n = 480) of respondents reported spending greater than 75% of a standard work week

Table 1. Distribution of Self-Reported Specialty

Specialty	Respondents	Target Population
Internal Medicine	20.9% (156)	21.7% (961)
Family Medicine	10.1% (75)	7.4% (328)
Pediatrics	11.1% (83)	8.9% (394)
Other (Non-Primary Care)	57.9% (432)	61.9% (2738)

seeing patients, 25.6% (n = 114) reported spending between 51 – 75% of a standard work week seeing patients, and 20.8% (n = 152) reported spending less than 50% of a standard work week seeing patients. The distribution of self-reported specialty among respondents approximated the distribution of self-reported specialty with the target population (Table 1).

<sup>1</sup> This report was compiled and written by Angela Sherwin, MPH.

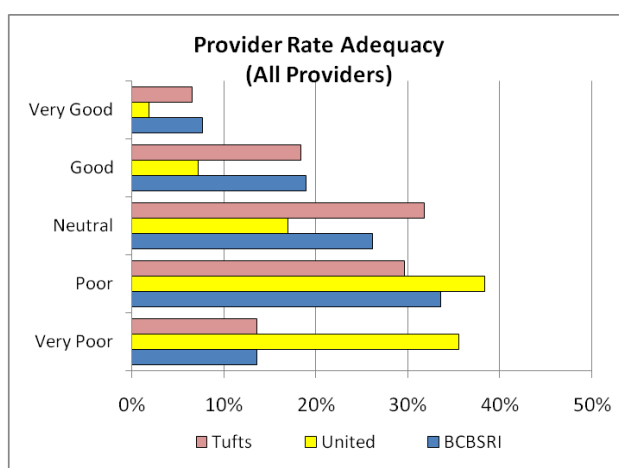
<sup>2</sup> These three standards are derived from General laws (RIGL42-14,5-2) and Regulation (OHIC Regulation 11)

## RESULTS

### A. Fair Treatment of Providers:

In this survey, providers were asked to assess health plans' "fair treatment of providers" in terms of three variables: provider payment rates, claims processing, and general provider services. Provider feedback is summarized below.

**Provider rate adequacy was considered poor or very poor by most respondents across all carriers**, with particular emphasis on United: 47.1 % for BCBSRI, 74.0% for United, and 43.7% for Tufts.

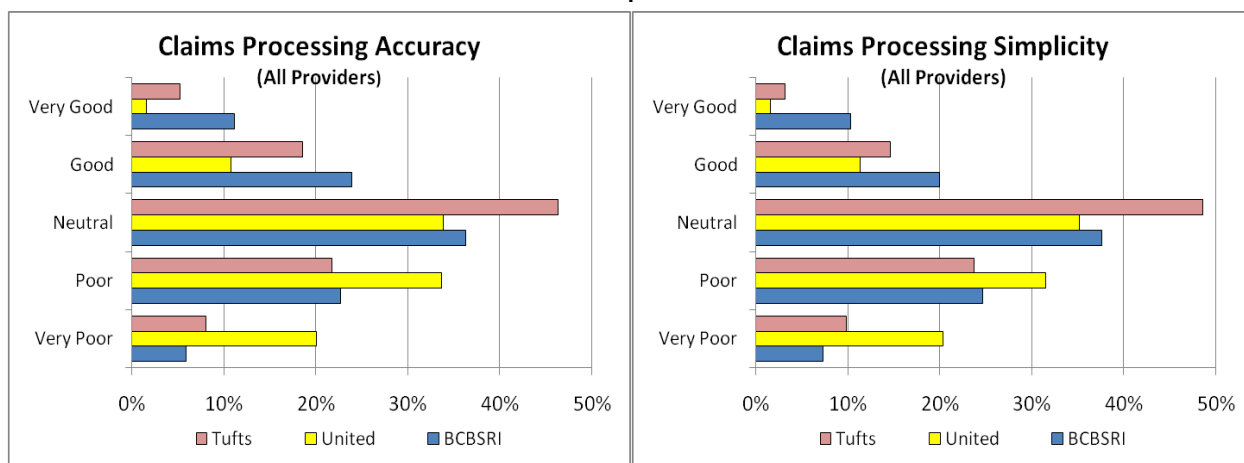


\*Responses for Tufts are only representative of provider experience from January to April 2009.

Specific rationale for these low scores, cited by providers, included:

- (1) Rate parity within specialties, regionally (RI vs. CT and MA), and between insurers;
- (2) Disparity between low rate increase trends and much faster increases in practice costs;
- (3) Reimbursements do not account for non-procedural time spent with patients, reducing overall quality of care.

**Claims processing accuracy and simplicity for United were considered poor or very poor by more than 50% of respondents** (53.8% for accuracy; 51.9% for simplicity). BCBSRI and Tufts ratings were less polarized than United. For claims processing accuracy, 35.1% reported BCBSRI as good or very good and 28.6% as poor or very poor; and 23.9% reported Tufts as good or very good, 29.8% as poor or very poor. For claims processing simplicity, 30.3% reported BCBSRI as good or very good, 32.1% as poor or very poor; and 17.8% reported Tufts as good or very good, 33.6% as poor or very poor.

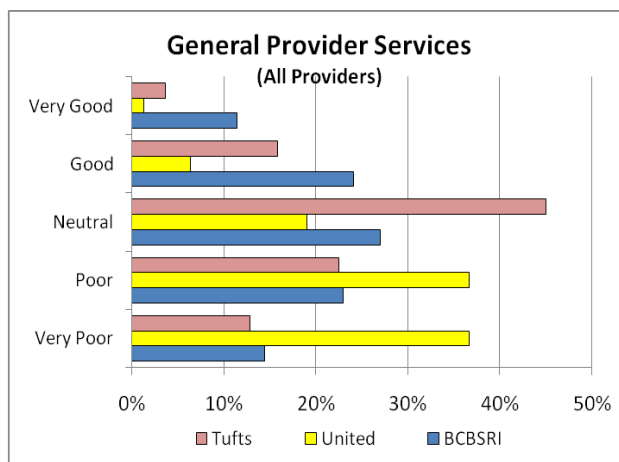


\*Responses for Tufts are only representative of provider experience from January to April 2009.

Across all carriers, some providers noted improvements in efficiency associated with claims processed electronically, many providers identified barriers to claims processing accuracy and simplicity, including:

- (1) Difficulties accessing a person to resolve claims,
- (2) Computerized and outsourced customer service techniques seen as ineffectual in addressing complex medical situations, and
- (3) Denials perceived as arbitrary.

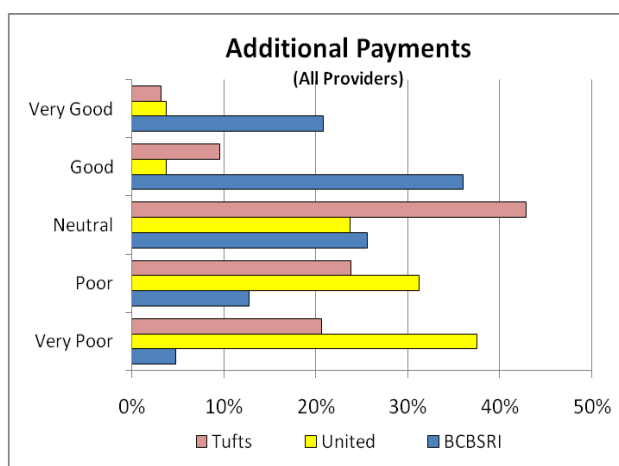
**General provider services elicited the greatest difference in responses by carrier for “fair treatment” of providers:** 73.2% (n = 550) of respondents rated United as poor or very poor for provider services, with only 7.7% (n = 47) indicating good or very good. BCBSRI and Tufts ratings are distributed similarly to their ratings for claims processing accuracy and simplicity.



\*Responses for Tufts are only representative of provider experience from January to April 2009.

## B. Payment Methods

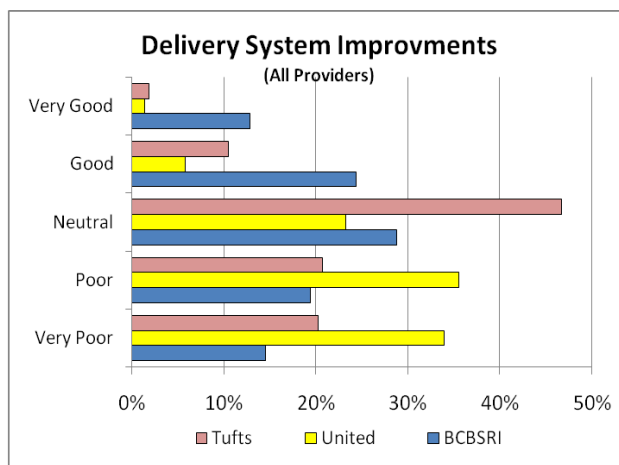
As part of the survey, respondents were informed that “Health plans in Rhode Island are responsible for using payment methods that promote the overall affordability and quality of health care in the state. Example of payment methods that promote health care affordability and quality include pay for performance, bonus programs, and quality incentives.” **Only 19.1% of respondents indicated receiving payments through any of these methods.** Of those receiving these payments, 56.8% indicated a good or very good level of satisfaction with BCBSRI’s payments, while 73.2% indicated a poor or very poor level of satisfaction with United’s payments. Notably, some providers identified the Chronic Care Sustainability Initiative as an effective means of improving payment methodology. However, many providers disputed the accuracy of data and methodology used to identify provider outliers and designated “preferred providers” by the plans.



\*Responses for Tufts are only representative of provider experience from January to April 2009.

## C. Health Plan Efforts to Improve the Health Care Delivery System

Respondents were also informed that “health plans in Rhode Island are responsible for collaborating with others in the community and investing their own resources to promote improvements in Rhode Island’s health care system. Examples of improvements include promoting health information technology, chronic care management, promoting primary care and prevention, and empowering consumers with information.” When asked to rate each health plan’s efforts to promote improvements to Rhode Island’s health care system, respondents again rated United lower, with 69.6% rating United “poor” or “very poor” and only 7.2% as “good” or “very good”. BCBSRI was divided more evenly, with 37.3% rating “good” or “very good” and 34.0% rating “poor” or “very poor”.



\*Responses for Tufts are only representative of provider experience from January to April 2009.

## FINDINGS

This was the second year a version of this survey was administered by OHIC. Although the questions were similar, the low response rate to the initial survey does not make direct comparisons advisable. This year's survey indicates priorities both for OHIC and the commercial health plans as they work to meet statutory expectations for health insurers to treat RI providers fairly and improve the health care system in the state.

1) This survey found general dissatisfaction of providers across carriers related to fair treatment of providers, promotion of affordability and quality of health care and promotion of health systems improvements. Less than 40% of respondents rated any carrier as "good" or "very good" on nearly all of these measures (except for BCBSRI concerning additional payment satisfaction).

2) Areas of significant dissatisfaction (highest percentage of "poor" or "very poor" overall across carriers) include:

- (a) provider reimbursement,
- (b) general provider services, and
- (c) promotion of health systems improvements.

3) Some important distinctions by carrier include:

- (a) **Providers were particularly satisfied with BCBSRI's additional payment strategies**, with greater than 55% of respondents indicating "very good" or "good" performance in these categories. 27.7% of providers noted improvements in rate adequacy from April 2008 to April 2009 for BCBSRI.

(b) **Providers were generally dissatisfied with UHC on all metrics**, with greater than or equal to 50% of respondents indicating “poor” or “very poor” performance in nearly all categories. Fewer than 10% noted improvements in rate adequacy from April 2008 to April 2009. These responses are consistent with a smaller survey done by OHIC last year, after which OHIC imposed certain conditions upon its 2008 rate factor approval for United.<sup>3</sup> Although United subsequently met those conditions with an additional commitment of staff and resources to these issues, these survey results would indicate that these changes either have not been perceived or are not sufficient for providers in the community.

(c) This survey was conducted only four months after Tufts entered the Rhode Island market. **Providers indicated they needed more experience with Tufts to adequately comment** on this insurer.

(d) While not directly reflected in the quantitative results include, provider comments repeatedly noted that **low rate reimbursement and a lack of regional parity have long-term consequences for health care access and quality in Rhode Island**; the stated concern is that providers are leaving the state, retiring early, and closing practices due to an unviable financial combination of low rates with high practice overhead costs. To the extent these are common across all carriers, these are more accurately treated as policy issues, rather than concerns about individual health plan behavior.

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<sup>3</sup>[http://www.ohic.ri.gov/documents/Press/PressReleases/2008BCLargeGroupApproval/9\\_UHCNE%20lg%20group%20approval.pdf](http://www.ohic.ri.gov/documents/Press/PressReleases/2008BCLargeGroupApproval/9_UHCNE%20lg%20group%20approval.pdf) details conditions imposed on the approval of 2008 large group rate factors on the insurers as a result of this information and the OHIC analysis.

## Appendix I: 2009 OHIC Provider Survey Instrument

The Office of the Health Insurance Commissioner (OHIC) requests your participation in this brief annual survey assessing health plan interactions with health providers in Rhode Island. There are ten questions. There is space for you to voice any additional comments or concerns after each question, as well as a comment box at the end for any additional information you would like to share. Your responses will be kept confidential.

### I. Information About You

1) Are you currently (or within the past 12 months) working as a physician in Rhode Island?

- ☐ No  
☐ Yes

2) What is your specialty? *Check all that apply.*

- ☐ Family Medicine  
☐ Internal Medicine (General)  
☐ OB/GYN  
☐ Pediatrics  
☐ Other   
☐ Other (second specialty)

3) What percent of a standard work week do you spend seeing patients?

- ☐ 0%  
☐ 1-25%  
☐ 26-50%  
☐ 51-75%  
☐ greater than 75%

## II. "Fair Treatment of Providers"

*Health plans in Rhode Island are legally responsible for the "fair treatment of providers". The following questions will ask for your opinion on factors that could constitute "fair treatment of providers".*

4) How would you rate the adequacy of reimbursement rates paid to you from each health plan?

Health Plans	Very poor	Poor	Neutral	Good	Very Good	Not Applicable
BCBSRI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
United	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tufts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5) How much have reimbursement rates paid to you from each health plan improved or worsened from one year ago?

Health Plans	Worsened Very Much	Worsened	Neither Improved Nor Worsened	Improved	Improved Very Much	Not Applicable
BCBSRI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
United	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tufts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide any additional comments specific to reimbursement rates.

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6) How would you rate the accuracy and simplicity of claims processing for each health plan?

Health Plans	Very poor	Poor	Neutral	Good	Very Good	Not Applicable
<b>Accuracy</b>						
BCBSRI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
United	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tufts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Simplicity</b>						
BCBSRI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
United	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tufts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide any additional comments specific to claims processing.

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7) How would you rate your level of satisfaction or dissatisfaction with general provider services (responding to inquiries, communications, etc.) for each health plan?

Health Plans	Very poor	Poor	Neutral	Good	Very Good	Not Applicable
BCBSRI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
United	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tufts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide any additional comments specific to general provider services.

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### **III. Payment Methods**

*Health plans in Rhode Island are responsible for using payment methods that promote the overall affordability and quality of health care in the state. Examples of payment methods that promote health care affordability and quality include pay for performance, bonus programs, and quality incentives.*

8) Beyond payments for specific services provided, do you receive any additional payments such as bonuses, pay for performance, or quality incentives from health plans?

- ☐ No
- ☐ Yes
- ☐ I don't know.

9) If yes, how would you rate your level of satisfaction or dissatisfaction with these additional payments?

Health Plans	Very poor	Poor	Neutral	Good	Very Good	Not Applicable
BCBSRI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
United	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tufts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide any additional comments specific to payment methods.

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#### **IV. Health Plan Efforts to Improve the Health Care Delivery System**

*Health plans in Rhode Island are responsible for collaborating with others in the community and investing their own resources to promote improvements in Rhode Island's health care system. Examples of improvements include promoting health information technology, chronic care management, promoting primary care and prevention, and empowering consumers with information.*

10) How would you rate each health plan's efforts to promote improvements in RI's health care system?

Health Plans	Very poor	Poor	Neutral	Good	Very Good	Not Applicable
BCBSRI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
United	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tufts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide any additional comments specific to improvements in RI's health care system.

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#### **V. Additional Comments**

Please provide any additional comments or feedback not previously stated.

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